



OFFICIAL PERSONNEL FILE REQUEST FORM

INSTRUCTIONS: Please PRINT legibly and fully complete all applicable sections.

Last/Maiden Name:	First Name:	Middle Initial:
Social Security #:	Employee Id (if applicable):	Work Location:
Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Resigned/Term	Separation Date (if applicable):	Phone:

Check the box(es) that indicate what you are requesting:

- Obtain a photocopy of my Official Personnel File
- Authorize a second party to access my Official Personnel File

List the name of the second party. **The second party will be asked to provide identification before file access is allowed.**

Name of authorized party: _____

- Update my official personnel file (transcripts, certificates, diplomas, teacher/service provider licenses). **Attach your document(s) to this form.**
- Other. Please describe _____

I verify that the above information is correct and that I am the employee requesting the file.

Employee Signature:	Date:
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FOR OFFICE USE ONLY Front Desk: Received – Stamp Date	Records Management: Received Date: _____ Time: _____ AM/PM ID Check _____ Staff Initials _____ Completed Date: _____ Completed by: _____
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